



Texas Department of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite100 • MS-94  
Austin, TX 78744-1645  
(800) 252-7031 phone • (512) 804-4378 fax

Complete if known:

DWC Claim #

Carrier Claim #

Send completed form to TDI-DWC field office handling the claim

Request for a Benefit Review Conference (BRC)

Type (or print in black ink) each item on this form

I. REQUEST SPECIFICATIONS

II. INJURED EMPLOYEE CLAIM INFORMATION

Check applicable box(es) for services you are requesting:

☐ Special Accommodations  
Please specify

☐ Expedited BRC  
Provide reason

1. Employee's Name (Last, First, Middle)

2. Employee's Physical Address

3. Employee's SSN (last four digits)  
xxx-xx-

4. Date of Injury (mm-dd-yyyy)

5. Insurance Carrier's Name

6. Employer's Business Name (at the time of the injury)

7. Employer's Business Address

III. ISSUE(S) TO BE MEDIATED AT THE BENEFIT REVIEW CONFERENCE

Check applicable box(es) to identify the disputed issue(s):

☐ Compensability of the claim\*  
☐ Extent of the compensable injury  
☐ Entitlement to temporary income benefits  
☐ Entitlement to supplemental income benefits  
☐ Average weekly wage determination

☐ Designated doctor's certification of maximum medical improvement  
☐ Designated doctor's assessment of whole body impairment rating  
☐ Entitlement to death benefits and/or burial benefits  
☐ Other \_\_\_\_\_

\*An employer may check this box only if the carrier has accepted liability.

Briefly describe each disputed issue (additional pages may be attached, if necessary).

IV. DOCUMENTATION OF YOUR EFFORTS TO RESOLVE THE ISSUE(S)

1. Provide the date the opposing party was notified of the disputed issues (mm-dd-yyyy):
2. Attach the following to this form:
  - a description of all efforts you have made to resolve the disputed issue(s)
  - supporting documentation

**NOTE:** If this information is not provided, a BRC may not be scheduled.

V. PARTY REQUESTING BENEFIT REVIEW CONFERENCE

☐ Injured Employee ☐ Insurance Carrier ☐ Employer ☐ Sub-claimant ☐ Beneficiary ☐ Attorney for \_\_\_\_\_

Is the injured employee assisted by the Office of the Injured Employee Counsel (OIEC)? ☐ Yes ☐ No

**By my signature below, I certify that prior to this request I have made reasonable efforts to resolve the disputed issue(s) identified above and that any pertinent information in my possession has been provided to the opposing party or parties.**

Requester's Signature

Date of Request

Requester's Typed or Printed Name

For TDI-DWC Use Only

Requester's Mailing Address (Street or PO Box, City State Zip)

Business/Firm Name (if applicable)

Phone Number

Alternate Phone Number

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).

## Frequently Asked Questions Request for a Benefit Review Conference (DWC-Form 045)

**NOTE:** This form may only be used to request the scheduling of a BRC. Do not submit this form unless you are prepared to proceed to a BRC. This form should not be used to request other actions by TDI-DWC, such as a letter of clarification or a contested case hearing on matters that do not require a BRC.

**Where will the BRC be held?** Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) will schedule the BRC at a location not more than 75 miles from the injured employee's residence at the time of the injury or address on this form, unless good cause exists for the selection of a different location. You may request another location, but must provide an acceptable reason to relocate the proceeding. TDI-DWC will determine whether a change in location is appropriate. In addition, injured employees may request the BRC be held through a telephone conference.

**What type of special accommodations will TDI-DWC provide?** TDI-DWC will provide reasonable accommodations to parties who qualify under the Americans with Disabilities Act (ADA), and persons who require the assistance of a language interpreter.

**Who determines whether a BRC is expedited?** If an expedited BRC is requested, TDI-DWC will determine whether scheduling the BRC more quickly is appropriate. For example, an expedited BRC may be granted in the following circumstances:

- no income benefits have been paid because of the issue in dispute; or
- the issue in dispute is an official action taken by TDI-DWC.

**How do I document my efforts to resolve the disputed issues before requesting a BRC?** Attach copies of correspondence, e-mails, facsimiles, records of telephone contacts, summaries of meetings, or telephone conversations.

**What is pertinent information documentation?** It is documentation that is related to the disputed issue and will be used at the BRC to help resolve the dispute. Examples of pertinent information are: medical records, requests for a designated doctor exam; letters of clarification to a designated doctor; required medical examination reports; or a treating doctor's response to a designated doctor report. You are required to provide pertinent information to the opposing party before requesting a BRC. You are also required to provide pertinent information to TDI-DWC not later than 14 days before the scheduled BRC, but you should **not** attach this information to this request.

**Where do I send the form?** You can fax, mail or personally deliver the completed form to the field office handling the claim. For field office addresses and fax numbers, call 1-800-252-7031 or visit the TDI website at <http://www.tdi.state.tx.us/wc/dwccontacts.html#offices>. Failure to file the form with the appropriate field office may delay the processing of your request.

**Is any of the requested information optional?** No, provide all requested information. A BRC will only be scheduled if the form is complete. An incomplete form may delay resolution of your dispute.

**Am I required to attend the BRC?** If you do not attend, the BRC may be held without you, and you will not be able to present your side of the dispute. Failure to attend a BRC could result in a recommendation of a penalty or fine unless you can show good cause for your absence. An injured employee should attend any proceeding related to a dispute about his or her claim, even if the injured employee did not request the proceeding. If you need a BRC rescheduled, please contact TDI-DWC as far in advance as possible.

**Does the filing of this form meet the requirements for disputing the certification of MMI/IR?** The filing of this form constitutes a dispute for purposes of Texas Labor Code §408.123(e) if TDI-DWC determines that the form is complete in accordance with TDI-DWC rules.

**Who do I contact if I have questions about requesting a BRC?** Contact TDI-DWC by calling 1-800-252-7031. An injured employee who is not represented by an attorney may also receive assistance by contacting the Office of Injured Employee Counsel (OIEC) at 1-866-393-6432.

**What happens after TDI-DWC receives my DWC Form-045?** If your request for BRC is approved, you and the opposing party or parties will be notified of the time, date and location of your BRC. If you are notified your request for BRC is denied, you may resubmit a request for a BRC with additional information or request an expedited contested case hearing to determine if your request should be approved.